

Thyroid Issues	Yes	No
Seizures	Yes	No
Chronic Illness: _____	Yes	No
Asthma/Lung Disease	Yes	No
Migraines	Yes	No
Hernia	Yes	No
Other: _____	Yes	No

Do you have any injuries that may/will affect your ability to participate? Please describe.

Feet: _____

Knees: _____

Hips: _____

Back: _____

Shoulder: _____

Arm: _____

Neck: _____

Other: _____

Are you presently seeing any other health care professional with whom we need to consult? _____

RELEASE

This release is entered into between you and Sharon Styles of Team Tri Life. The purpose of Team Tri Life Training is to provide coaching programs for athletes/individuals at various levels of fitness.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

Participant represents that he/she is in good physical condition and has no physical impairments, disability, or known health concerns preventing him/her from engaging in the coaching/training offered to him/her by Sharon Styles of Team Tri Life.

AGREE

I understand and am aware that triathlon, running, cycling, and swimming training, including the use of equipment, is a potentially hazardous activity involving risk of injury and even death. I understand I am participating in these activities and using equipment and machinery with knowledge of the dangers involved. I agree to expressly assume and accept any and all risks of injury and death.

AGREE

All use of activities equipment, and any facility or location herein utilized or provided for participant's activity session shall be undertaken by the participant at his/her own risk, Sharon Styles and Team Tri Life shall not be liable for any injuries or damages sustained by the participant not withstanding the same may be attributable to the negligence of Sharon Styles and Team Tri Life or employee, consultants, or any other participant.

AGREE

Participant's lack of attendance/training/participation shall not be a valid cause for extending the term of this agreement and may be the cause for him/her not achieving the desired results.

AGREE

I understand that I must inform a coach if I experience any changes in health during the course of the program including, but not limited to, dizziness, light-headedness, headache, shortness of breath, or any "bad" pain before, during, or after the activity session.

AGREE

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

I agree to all Terms and Conditions listed above: AGREE

For more information contact Sharon Styles Hamm 403-337-3617

Sharon@thefitelement.com

www.teamtrilife.com